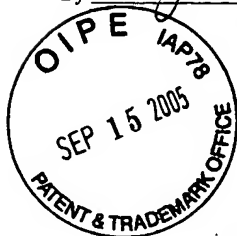


cafe

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450

on 13 Sept. 2005

By: Jim Fowler



PATENT
Attorney Docket No.: 20093A-002220US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Eric H. Holmes *et al.*

Patent No.: 6,936,448 B2

Date of Patent: August 30, 2005

Application No.: 10/040,863, filed November 1, 2001

For: NUCLEIC ACIDS AND PROTEINS OF A
RAT GANGLIOSIDE GM₁-SPECIFIC α 1-
2FUCOSYLTRANSFERASE AND USES
THEREOF

Customer No.: 20350

Confirmation No.: 3956

Examiner: Rao, M.

Technology Center/Art Unit: 1652

**REQUEST FOR CERTIFICATE OF
CORRECTION UNDER
37 CFR § 1.323**

**Certificate
SEP 20 2005
of Correction**

Certificate of Corrections Branch
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 CFR § 1.323, Applicants submit a Request for Certificate of Correction to correct a typographical error in the assignment information reflected on the face page of the patent.

More specifically, the Assignee for the patent is Northwest Hospital, not Northwest Biotherapeutics, Inc. The assignment from Pacific Northwest Cancer Foundation to Northwest Hospital was recorded by the United States Patent and Trademark Office on October 25, 2000, at Reel/Frame: 011202/0426.

SEP 21 2005

Applicants thus respectfully request entry of the revised Assignee data as indicated on the attached Certificate of Correction.

It is believed that a fee of \$100.00 pursuant to 37 C.F.R. 1.20(a) is due. The Commissioner is authorized to charge this amount and any additional fees which may be required, or credit any overpayment to Deposit Account No. 20-1430.

Respectfully submitted,

TOWNSEND and TOWNSEND and CREW LLP

Date: 13 September 2005

By: Brian W. Poor
Brian W. Poor
Reg. No. 32,928

Two Embarcadero Center, 8th Floor
San Francisco, CA 94111-3834
Tel: 206-467-9600
Fax: 415-576-0300

Attachment (Certificate of Correction)

BWP/mmm

60584551 v1

SEP 21 2005

UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

Page 1 of 1

PATENT NO. : 6,936,448 B2
APPLICATION NO.: 10/040,863
ISSUE DATE : August 30, 2005
INVENTOR(S) : Eric H. Holmes and Anne L. Sherwood

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

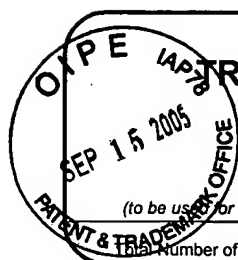
On the title page, in item (73) Assignee, please delete
"Northwest Biotherapeutics, Inc., Bothell, WA (US)" and insert thereof
--Northwest Hospital, Seattle, WA (US)--.

MAILING ADDRESS OF SENDER (Please do not use customer number below):

Brian W. Poor
Townsend and Townsend and Crew LLP
Two Embarcadero Center, 8th Flr.
San Francisco, CA 94111-3834

60584588 v1

SEP 21 2005



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

The Number of Pages in This Submission

5

Application Number

10/040,863

Filing Date

November 1, 2001

First Named Inventor

Eric H. Holmes

Art Unit

1652

Examiner Name

Rao, M.

Attorney Docket Number

20093A-002220US

ENCLOSURES (Check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Request for Certificate of Correction Under 37 CFR § 1.323;
Certificate of Correction (PTO/SB/44) (1 pg.); and
Return Postcard. |
|---|--|--|

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Brian W. Poor

Date

13 September 2005

Reg. No.

32,928

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

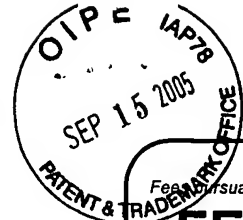
Typed or printed name

J.M. Smolen

Date

13 Sept. 2005

SEP 21 2005



PTO/SB/17 (12-04)

Effective on 12/08/2004.
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 100)**Complete if Known**

Application Number	10/040,863
Filing Date	November 1, 2001
First Named Inventor	Eric H. Holmes
Examiner Name	Rao, M.
Art Unit	1652
Attorney Docket No.	20093A-002220US

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.20 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____	-20 or HP = _____ x _____ = _____					

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	-3 or HP = _____ x _____ = _____		

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____			

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Certificate of Correction (37 CFR 1.20(a))

Fees Paid (\$)**\$100****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 32,928	Telephone 206-467-9600
Name (Print/Type)	Brian W. Poor		Date 13 Sept 2005

60585178 v1

SEP 21 2005